



**PROVIDER REPORT
FOR
SOCIAL SERVICE CENTERS
15 Depot Sq Suite #5
Lexington, MA 02420**

December 19, 2014

Version

Provider Web Report

**Prepared by the Department of Developmental Services
OFFICE OF QUALITY ENHANCEMENT**

SUMMARY OF OVERALL FINDINGS

Provider	SOCIAL SERVICE CENTERS
Review Dates	11/12/2014 - 11/17/2014
Service Enhancement Meeting Date	11/24/2014
Survey Team	Patty McCarthy (TL) Sarah Flibotte
Citizen Volunteers	

<u>Survey scope and findings for Residential and Individual Home Supports</u>					
Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Residential and Individual Home Supports	1 location(s) 3 audit (s)	Full Review	69 / 77 2 Year License 11/24/2014 - 11/24/2016		
Residential Services	1 location(s) 3 audit (s)			Full Review	14 / 14 Certified

<u>Survey scope and findings for Planning and Quality Management</u>					
Service Group Type	Sample Size	Scope	Licensure Level	Certification Scope	Certification Level
Planning and Quality Management	N/A	N/A	N/A	Full Review	6/6 Certified

EXECUTIVE SUMMARY :

Social Service Centers (SSC) was established thirty years ago in Lexington, MA to support people with an array of cognitive, physical and social challenges served by the Department of Developmental Services. SSC currently serves twenty individuals in four 24-hour residential homes which are all located in Lexington.

For the purposes of this full Licensing and Certification review, one of the agency's four homes was selected and three audits were conducted which included a review of data and material from all four individuals in the home.

Since the previous survey in 2012 the agency had accomplished a number of achievements to improve services to individuals. Accomplishments included but were not limited to: two locations had benefitted from ongoing physical renovations; vehicles that transport individuals have been replaced; computers and the internet have become a part of every home and had enhanced communication throughout the agency.

The agency took pride in its staff commitment to the individuals they served, some of whom had supported individuals in the agency for over 14 years, others for twenty plus years. Notable was the organization's extraordinary commitment to serve individuals throughout life and provide end of life supports. SSC had lost three individuals served in the past two years and had supported those individuals until the end of their lives in their own homes. The agency is commended for its compassionate support for individuals enduring significantly difficult life circumstances.

The agency took pride in having earned a reputation for being an accomplished and compassionate person-centered organization. The connections established within the Lexington and surrounding communities continued to be a strength. The agency had continued its long time commitment to provide meals to a homeless shelter four times annually where all individuals and staff in all four homes contributed part of a meal for sixty people residing at the shelter. SSC had participated in walks and an arts and crafts fundraiser in cooperation with and to benefit Project Bread.

Staff supported people to be involved in their individual interests, for example: a trip to Foxwoods to "take a chance"; fishing trips; out to dinner or cooking for a friend at home; expressing your talent at a painting studio; attending church; visiting car shows; expressing your talent at playing musical instruments at home to name a few.

Some areas needing improvement were identified during the survey which are explained in detail in the body of this report.

As a result of this review, Social Service Centers has received a Two-Year License with 90% of Licensing indicators met and fully certified. Follow-up on the 8 licensing indicators that did not meet standard will be conducted by the agency in sixty days. The agency is recognized once again for these positive survey results and its steadfast commitment to serving individuals with extraordinary compassion and spirit of service.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	8/8	0/8	
Residential and Individual Home Supports	61/69	8/69	
Residential Services			
Critical Indicators	8/8	0/8	
Total	69/77	8/77	90%
2 Year License			
# indicators for 60 Day Follow-up		8	

Residential Commendations on Standards Met:

Indicator #	Indicator	Commendations
L77	The agency assures that staff are familiar with and trained to support the unique needs of individuals.	The Social Service Centers family endured much loss during the past two years. One individual served passed in 2013 and then two more individuals in 2014. The agency was able to support these individuals in their home environments throughout their serious illnesses until the end of their lives. The agency accessed hospice services for people and the SSC team worked tirelessly to make individuals comfortable in their own space surrounded by loved ones. The agency is commended for its longstanding commitment to lifelong supports for individuals with extraordinary compassion and caring.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	Emergency Fact Sheets did not include all necessary identifying elements such as height, weight and build. The agency needs to ensure that all Emergency Fact Sheets include all current information in accordance with DDS regulatory requirements.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L29	No rubbish or other combustibles are accumulated within the location including near heating equipment and exits.	Cigarette butts were found on the wooden railing on the rear deck of the home. The agency needs to ensure that smoking materials are disposed of safely in a receptacle.
L39	Special dietary requirements are followed.	Of the three individuals selected for the audit, two had high cholesterol for which they took medication. The third individual's Health Care Record noted a "Regular/cut-up" diet. Evidence or documentation of staff training of any dietary restrictions/limitations for high cholesterol or what constitutes a "Regular/cut-up" diet was in not in place. The agency needs to ensure staff are aware of and trained in specific dietary needs for the individuals they serve.
L42	Individuals are supported to engage in physical activity.	Evidence of individuals supported to engage in physical activity was not in place. The home did have a Wii in a common area of the home which was reportedly utilized by some of the ambulatory individuals. However, "while some individuals may choose not to engage in some form of daily activity, there is an expectation that staff at the home will support and offer opportunities for regular activity. Unless contraindicated, (e.g. for medically involved individuals where exercise is not advised within the ISP) the provider needs to encourage physical exercise and movement routinely."
L64	Medication treatment plans are reviewed by the required groups.	Behavior-modifying medication treatment plans were not included in Individual Service Plans (ISP). The agency needs to ensure medication treatment plans are included in the ISP and reviewed by the ISP team.
L67	There is a written plan in place accompanied by a training plan when the agency has shared or delegated money management responsibility.	The agency needs to ensure that when staff hold individuals' money and provide support in the use of their funds, there needs to be a plan for the money management responsibilities which includes a training plan to eliminate or reduce the need for assistance unless there is a clinical evaluation that the individual cannot learn how to manage or spend his or her funds. Training plans need to establish the personal spending money which can be managed by the individual and specify the agency's responsibility in its role.
L71	Individuals are notified of their appeal rights for their charges for care.	While Charges for Care notifications were in place, they did not include notification of appeal rights. The agency needs to ensure that appeal rights are included on Charges for Care notifications.

Residential Areas Needing Improvement on Standards not met/Follow-up to occur:

Indicator #	Indicator	Area Needing Improvement
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For one individual, the support strategy on their goal was not being implemented as noted. The agency needs to ensure that staff have a clear understanding of the needed services and supports identified in the ISP and their responsibility in delivery in order to support individuals in reaching their goals.

CERTIFICATION FINDINGS

	Met / Rated	Not Met / Rated
Certification - Planning and Quality Management	6/6	0/6
Residential and Individual Home Supports		
Residential Services	14/14	0/14

MASTER SCORE SHEET LICENSURE

Organizational: SOCIAL SERVICE CENTERS

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
○ L2	Abuse/neglect reporting	2/2	Met
L3	Immediate Action	2/2	Met
L4	Action taken	2/2	Met
L48	HRC	1/1	Met
L74	Screen employees	1/1	Met
L75	Qualified staff	1/1	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met

Residential and Individual Home Supports:

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L1	Abuse/neglect training	I	3/3						3/3	Met
L5	Safety Plan	L	1/1						1/1	Met
○ L6	Evacuation	L	1/1						1/1	Met
L7	Fire Drills	L	1/1						1/1	Met
L8	Emergency Fact Sheets	I	0/3						0/3	Not Met (0 %)
L9	Safe use of equipment	L	1/1						1/1	Met
○ L11	Required inspections	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
○ L12	Smoke detector s	L	1/1						1/1	Met
○ L13	Clean location	L	1/1						1/1	Met
L14	Site in good repair	L	1/1						1/1	Met
L15	Hot water	L	1/1						1/1	Met
L16	Accessi bility	L	1/1						1/1	Met
L17	Egress at grade	L	1/1						1/1	Met
L19	Bedroo m location	L	1/1						1/1	Met
L20	Exit doors	L	1/1						1/1	Met
L21	Safe electrica l equipm ent	L	1/1						1/1	Met
L22	Clean applianc es	L	1/1						1/1	Met
L23	Egress door locks	L	1/1						1/1	Met
L24	Locked door access	L	1/1						1/1	Met
L25	Danger ous substan ces	L	1/1						1/1	Met
L26	Walkwa y safety	L	1/1						1/1	Met
L28	Flamma bles	L	1/1						1/1	Met

Ind. #	Ind.	Loc. or Individ.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L29	Rubbish /combustibles	L	0/1						0/1	Not Met (0 %)
L30	Protective railings	L	1/1						1/1	Met
L31	Communication method	I	3/3						3/3	Met
L32	Verbal & written	I	3/3						3/3	Met
L33	Physical exam	I	3/3						3/3	Met
L34	Dental exam	I	3/3						3/3	Met
L35	Preventive screenings	I	3/3						3/3	Met
L36	Recommended tests	I	3/3						3/3	Met
L37	Prompt treatment	I	3/3						3/3	Met
○ L38	Physician's orders	I	3/3						3/3	Met
L39	Dietary requirements	I	0/3						0/3	Not Met (0 %)
L40	Nutritional food	L	1/1						1/1	Met
L41	Healthy diet	L	1/1						1/1	Met
L42	Physical activity	L	0/1						0/1	Not Met (0 %)
L43	Health Care Record	I	3/3						3/3	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI- MFP Res. Sup.	ABI- MFP Place.	Total Met/Rat ed	Rating
L44	MAP registrat ion	L	1/1						1/1	Met
L45	Medicati on storage	L	1/1						1/1	Met
○ L46	Med. Adminis tration	I	3/3						3/3	Met
L47	Self medicati on	I	3/3						3/3	Met
L49	Informe d of human rights	I	3/3						3/3	Met
L50	Respect ful Comm.	L	1/1						1/1	Met
L51	Posses sions	I	3/3						3/3	Met
L52	Phone calls	I	3/3						3/3	Met
L53	Visitatio n	I	3/3						3/3	Met
L54	Privacy	L	1/1						1/1	Met
L55	Informe d consent	I	3/3						3/3	Met
L57	Written behavio r plans	I	1/1						1/1	Met
L58	Behavio r plan compon ent	I	1/1						1/1	Met
L60	Data mainten ance	I	1/1						1/1	Met
L61	Health protecti on in ISP	I	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L62	Health protection review	I	1/1						1/1	Met
L63	Med. treatment plan form	I	3/3						3/3	Met
L64	Med. treatment plan rev.	I	0/3						0/3	Not Met (0 %)
L67	Money mgmt. plan	I	1/2						1/2	Not Met (50.0 %)
L68	Funds expenditure	I	2/2						2/2	Met
L69	Expenditure tracking	I	2/2						2/2	Met
L70	Charges for care calc.	I	3/3						3/3	Met
L71	Charges for care appeal	I	0/3						0/3	Not Met (0 %)
L77	Unique needs training	I	3/3						3/3	Met
L80	Symptoms of illness	L	1/1						1/1	Met
L81	Medical emergency	L	1/1						1/1	Met
○ L82	Medication admin.	L	1/1						1/1	Met
L84	Health protect. Training	I	1/1						1/1	Met

Ind. #	Ind.	Loc. or Indiv.	Res. Sup.	Ind. Home Sup.	Place.	Resp.	ABI-MFP Res. Sup.	ABI-MFP Place.	Total Met/Rated	Rating
L85	Supervision	L	1/1						1/1	Met
L86	Required assessments	I	2/2						2/2	Met
L87	Support strategies	I	2/2						2/2	Met
L88	Strategies implemented	I	2/3						2/3	Not Met (66.67 %)
#Std. Met/# 69 Indicator									61/69	
Total Score									69/77	
									89.61%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	1/1	Met
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	1/1	Met
C6	Future directions planning	1/1	Met

Residential Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff performance	3/3	Met

Residential Services Reviewed By -DDS

Indicator #	Indicator	Met/Rated	Rating
C8	Family/guardian communication	3/3	Met
C9	Personal relationships	3/3	Met
C10	Social skill development	3/3	Met
C11	Get together w/family & friends	3/3	Met
C12	Intimacy	3/3	Met
C13	Skills to maximize independence	3/3	Met
C14	Choices in routines & schedules	3/3	Met
C15	Personalize living space	1/1	Met
C16	Explore interests	3/3	Met
C17	Community activities	3/3	Met
C18	Purchase personal belongings	3/3	Met
C19	Knowledgeable decisions	3/3	Met
C20	Emergency back-up plans	1/1	Met